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RESEARCH ARTICLE

Rethinking Drug Rehabilitation in India's NDPS Framework: Pathways to Viksit Bharat @2047

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ABSTRACT

Nearly four decades after its enactment, the Narcotic Drugs and Psychotropic Substances Act, 1985 (NDPS Act) continues to reflect a predominantly prohibition-centric approach to drug control in India. While the Act contains limited provisions relating to treatment and rehabilitation, its structural design prioritises criminalisation over a comprehensive public health response. Consequently, drug-dependent persons are frequently treated as offenders before being recognised as individuals requiring medical and psychological care. Despite limited statutory recognition for treatment and rehabilitation, there is no comprehensive legal regime in India relating to the rehabilitation of drug-dependent individuals. This paper critically examines the system of rehabilitation established by the NDPS Act and identifies the problems existing within the conventional framework owing to certain flaws in the system and the failure of institutions. It further discusses the problems caused by the lack of any specific act for rehabilitation, in addition to poor regulatory mechanisms, which have led to irregularities, forceful activities, and poor rehabilitation results in governmental and non-governmental de-addiction centers. In addition, the research explores the problem arising from the division of powers provided in the Constitution of India with respect to drug regulation and control versus public health..

1. INTRODUCTION

Narcotic drug addiction and illicit trafficking remain significant social, legal, and public health challenges globally (United Nations Office on Drugs and Crime [UNODC], 2025). In India, apprehensions over the rising consumption and abuse of narcotic drugs and psychotropic substances culminated in the enactment of the Narcotic Drugs and Psychotropic Substances Act, 1985 (NDPS Act). This piece of legislation was passed to codify and update existing laws, enhance state control over illicit trafficking, and fulfill India's commitments under international drug control conventions (Government of India [GoI], 1985). The introduction of such a rigid, enforcement-heavy statute reflected an urgent historical necessity to curb a growing menace perceived as a direct threat to public order and health.

Over the past four decades, the NDPS Act has been instrumental in establishing an extensive legal infrastructure to penalize drug offenses. The search, seizure, and punitive enforcement mechanisms embedded within the Act have significantly enhanced

state capacity to disrupt organized illicit networks (Kour, 2025). However, the dynamics and societal perceptions surrounding drug abuse have transformed dramatically since 1985. Modern understandings of drug dependence highlight a complex matrix of psychological, social, and economic factors that transcend mere criminal intent. Healthcare professionals and contemporary scholars widely recognize drug dependence as a treatable medical condition requiring structured rehabilitation rather than punitive incarceration (Volkow & Blanco, 2023). Furthermore, adolescents and young adults are increasingly vulnerable to substance abuse, leaving them exposed to exploitation, social marginalization, and systemic involvement in illicit trade syndicates. These evolving realities raise serious questions about the efficiency of an exclusively prohibitive model in addressing addiction and recovery.

Recent government publications indicate that substance abuse among the youth has escalated into a critical public health concern. The National Institute of Social Defence (NISD) notes that early and late adolescence are highly vulnerable developmental periods where peer pressure, psychological volatility, and easy social exposure trigger initiation into substance use (NISD, n.d.).

Recent metrics from the 2024–2025 period underscore the gravity of this crisis. In 2020, arrests under the NDPS Act stood at 73,841; by 2024, this figure surged to 116,098 (Government of India, Ministry of Finance, Department of Revenue [GoI-MoF], 2025). Simultaneously, India witnessed a 295% increase in individuals seeking assistance at government de-addiction facilities, with admissions reaching 8.23 lakhs during 2024–2025 (GoI-MoF, 2025). Despite these surging numbers, institutional infrastructure remains severely inadequate. Even after the budgetary allocation for the National Action Plan for Drug Demand Reduction (NAPDDR) was raised to ₹333 crore for 2024–2025, reports from the Parliamentary Standing Committee indicate that only 30% of authorized de-addiction centers operate efficiently (Standing Committee on Social Justice and Empowerment, 2023).

While the NDPS Act contains specific rehabilitative mechanisms—such as immunity from prosecution and diversionary paths for particular categories of users—the overarching architecture remains enforcement-driven. The rehabilitation process lacks an independent legislative anchor and relies on fragmented administrative schemes. Consequently, deep-seated issues like inconsistent treatment modalities, weak regulatory oversight, stark institutional disparities, and inadequate social reintegration persist across states (Sahasrabuddhe & Purohit, 2025).

This crisis is further complicated by the constitutional division of legislative responsibilities between the Union and the States. While narcotics control is governed under the Concurrent List, public health and hospital administration are primarily state subjects under the Seventh Schedule (Centre for Health Equity, Law & Policy [C-HELP], 2023). This fragmented division of powers results in uneven policy implementation, fractured funding allocations, and highly variable institutional standards across state borders (Yadav & Asha, 2024).

In light of these challenges, this paper critically analyzes the rehabilitation framework under the NDPS Act. Adopting a doctrinal and socio-legal methodology, this study examines statutory provisions, constitutional principles, policy initiatives, judicial precedents, and international best practices. It argues that while criminal enforcement remains essential to disrupt trafficking, an effective response to addiction must balance penalties with rehabilitation, evolving from a framework of criminalization toward one rooted in human dignity, scientific treatment, and public health.

2. METHODOLOGY

2.1 Nature of the Study

This study employs a doctrinal and socio-legal research methodology. The approach is both analytical and descriptive, relying on primary legal texts and authoritative secondary sources to examine the interaction between legal mechanisms and public health outcomes.

2.2 Sources of Data

The data utilized in this study are derived from:

- **Statutory Texts:** The Narcotic Drugs and Psychotropic Substances Act, 1985.
- **Constitutional Provisions:** Seventh Schedule entry distributions and fundamental rights

provisions regarding public health and state competence.

- **Judicial Precedents:** Rulings from the Supreme Court of India and various state High Courts.
- **Official Reports:** Publications by the Ministry of Social Justice and Empowerment, Parliamentary Standing Committees, and law reform agencies.
- **Academic Literature:** Peer-reviewed journal articles, textbooks, and international drug policy treatises.

2.3 Method of Analysis

The analysis is conducted through systematic statutory interpretation, qualitative case law evaluation, and policy critiques. A socio-legal lens is applied to assess how punitive legal structures affect the real-world operational execution of public health strategies, specifically focusing on the treatment, recovery, and societal reintegration of individuals under the NDPS Act.

3. CONCEPTUALIZING DRUG DEPENDENCE

3.1 Historical Criminalization of Drug Use

Historically, global drug regulation was driven by a prohibitionist philosophy that viewed drug use primarily as a threat to public peace, morality, and state security. Mid-twentieth-century international drug conventions heavily influenced domestic legal systems, prompting nations like India to enact highly punitive criminal frameworks targeting the manufacturing, possession, sale, and use of illicit substances (Bewley-Taylor, 2013). Within this paradigm, individuals with substance dependence were viewed through a criminal lens rather than as patients requiring medical rehabilitation.

The enactment of the NDPS Act in 1985 reflected these global punitive trends. It introduced severe mandatory minimum sentences, restricted judicial discretion in sentencing, and established stringent bail conditions to deter trafficking and consumption (Chauhan & Sharma, 2024). The underlying rationale was that harsh criminal sanctions would compress both the demand and supply sides of the illicit drug market. While this approach enabled the state to build robust enforcement mechanisms, it systematically funneled individuals suffering from chronic medical disorders into the criminal justice pipeline (Chauhan & Sharma, 2025).

Over the last few decades, advancements in neuroscience, psychiatry, and behavioral psychology have fundamentally challenged this model. Ample scientific research demonstrates that substance dependence is a chronic, relapsing brain disease characterized by compulsive drug-seeking behavior driven by distinct neurobiological alterations, genetic vulnerabilities, psychiatric comorbidities, and socio-environmental stressors (Walsh, 2023). This shift in understanding has prompted an international movement away from absolute prohibition toward harm reduction and therapeutic intervention (Marlatt & Witkiewitz, 2002).

3.2 Addiction as a Public Health Concern

Modern public health frameworks view drug dependence as a complex, multifaceted medical disorder rather than a failure of personal morality or deliberate criminal behavior. International bodies, including the World Health Organization (WHO) and the UNODC, advocate for policy frameworks that prioritize evidence-based therapy, psychological counseling, and social reintegration (WHO & UNODC, 2020). Medical science emphasizes that substance use disorders are frequently intertwined with underlying psychological trauma, economic marginalization, and systemic social vulnerabilities (Volkow & Blanco, 2023).

This public health perspective is especially relevant for adolescent demographics. Youth initiation into substance use is frequently accelerated by peer pressure, acute socio-economic deprivation, lack of employment opportunities, family instability, and predatory localized drug networks (Kamal et al., 2024). Once dependency develops, it disrupts educational attainment, impairs cognitive development, triggers severe mental health crises, and induces a cycle of petty criminality to sustain the addiction. This complex cycle demonstrates that punitive incarceration cannot resolve the root causes of addiction without robust preventative and rehabilitative infrastructures (Madill et al., 2023).

Importantly, a public health approach does not mean decriminalizing major trafficking syndicates or abandoning law enforcement strategies targeting organized networks. Rather, it demands a

differentiated strategy that separates predatory supply-side actors from demand-side consumers who suffer from chronic dependencies (Gopal, 2025). In this framework, treatment acts as a vital tool to lower recidivism rates, stabilize public health, and facilitate social recovery. However, despite adopting various health-centric policy papers, India's primary statutory architecture under the NDPS Act remains stubbornly focused on enforcement, rendering rehabilitation a secondary, under-resourced component of the legal regime.

3.3 Therapeutic Justice and Rehabilitation

Therapeutic justice, an actionable derivative of therapeutic jurisprudence, posits that the law and its administrative processes should actively promote the psychological, emotional, and physical well-being of the individuals it touches. Applied to substance abuse, this theory argues that the justice system should use its authority to motivate behavioral change, recovery, and long-term rehabilitation rather than relying solely on retributive punishment (Chandler et al., 2009). While a therapeutic approach does not absolve individuals of legal accountability, it structures judicial outcomes around multi-disciplinary interventions, including clinical detoxification, cognitive behavioral therapy, and vocational training (Castillo, 2023).

Although specific mechanisms within the NDPS Act—namely Sections 39 and 64A—indicate that the legislature acknowledged treatment-based alternatives, systemic execution continues to prioritize prosecution over diversion. As a result, the deep-seated tension between punitive enforcement and therapeutic recovery remains a central point of contention in modern Indian drug policy reform (Aggarwal, 2025).

4. CONSTITUTIONAL AND FEDERAL DIMENSIONS OF DRUG REHABILITATION

4.1 Constitutional Distribution of Legislative Powers:

The architecture of drug regulation and health administration in India is fundamentally shaped by the federal structure set forth in the Seventh Schedule of the Constitution of India. This schedule divides legislative and executive jurisdiction among the Union List (List I), the State List (List II), and the Concurrent List (List III) (C-HELP, 2023).

The NDPS Act is a piece of central legislation enacted by Parliament, drawing its constitutional validity from entries regarding criminal law, procedure, and the implementation of international treaties. However, under Entry 6 of the State List, matters concerning public health, sanitation, hospitals, and dispensaries fall squarely within the legislative competence of individual state governments (C-HELP, 2023). Consequently, while the central government maintains singular authority over import, export, international trafficking policy, and overall narcotic regulation, the practical administration of healthcare facilities and rehabilitation programs relies heavily on state-level infrastructure and funding.

This federal division has led to severe geographic variations in the availability and quality of de-addiction services. States differ widely in budget allocations, medical personnel training, institutional oversight, and regional enforcement policies (Yadav & Asha, 2024). Because India's drug rehabilitation strategy operates through administrative schemes rather than a centralized, legally binding statutory framework, the execution of recovery programs remains highly fragmented across different states.

4.2 Article 21 and the Right to Health in Drug Rehabilitation

Article 21 of the Constitution of India, which guarantees the protection of life and personal liberty, has undergone extensive judicial expansion. The Supreme Court has repeatedly affirmed that the right to life is not merely confined to physical existence but encompasses the right to live with human dignity, which includes access to basic healthcare and protection of mental and physical well-being (C-HELP, 2023).

While the text of the Constitution does not explicitly articulate a "right to rehabilitation" for individuals with substance dependencies, expanding jurisprudence surrounding dignity and healthcare provides a firm normative foundation for treatment-centric legal reforms. Drug-dependent persons do not forfeit their fundamental constitutional protections under Article 21 by virtue of their dependency. They remain entitled to humane treatment, medical care,

and freedom from arbitrary institutional abuse (Yadav & Asha, 2024).

The relevance of Article 21 becomes acute when considering systemic violations within the rehabilitation sector, such as forced confinement, non-consensual medical procedures, severe neglect, and degrading living conditions inside unauthorized de-addiction facilities (National Human Rights Commission [NHRC], 2023). Furthermore, Directive Principles of State Policy—specifically Article 47, which mandates that the State endeavor to improve public health and prohibit the consumption of intoxicating drinks and drugs injurious to health—must be interpreted not merely as an enforcement mandate, but as a directive to build accessible, compassionate therapeutic systems (Sahasrabuddhe & Purohit, 2025).

4.3 Human Rights Concerns in Rehabilitation Practices

The day-to-day operations of many de-addiction and rehabilitation centers across India raise troubling questions regarding patient autonomy, clinical ethics, and institutional accountability. While these facilities are critical to the recovery ecosystem, numerous reports outline severe systemic abuses. Judicial investigations, media reporting, and human rights assessments frequently highlight instances of forced physical restraints, involuntary confinement without psychiatric evaluation, lack of informed consent, and sub-standard sanitary conditions (NHRC, 2023; *The Times of India*, 2025).

The issue of informed consent is a critical challenge within dependency treatment. While familial and community interventions are vital to initiating recovery, treatment models that completely bypass patient autonomy and strip individuals of their fundamental dignity violate both medical ethics and constitutional protections (Wogen & Restrepo, 2020). These problems are exacerbated by the complete absence of standardized, legally enforceable clinical protocols across private and public facilities (Molanguri, 2025).

Furthermore, the persistent social stigma and discrimination faced by individuals recovering from substance use disorders create a severe barrier to voluntary treatment seeking. Fear of criminal exposure, coupled with social ostracization, frequently deters individuals from accessing clinical help until severe health or legal crises occur (Wogen & Restrepo, 2020). Modern international drug policy emphasizes a rights-based model centered on voluntary admission, strict medical confidentiality, personalized psychological counseling, and community-integrated support systems (WHO & UNODC, 2020). For India to align with these global standards, its domestic framework must systematically integrate constitutional guarantees of personal liberty with modern clinical practices (Sahasrabuddhe & Purohit, 2025).

5. REHABILITATION FRAMEWORK UNDER THE NDPS ACT

5.1 Objectives and Structure of the NDPS Act

The NDPS Act was designed to consolidate and amend pre-existing laws regulating narcotic drugs and psychotropic substances in India. Its primary statutory goal was to build a rigorous regulatory framework to prohibit the unauthorized cultivation, manufacture, possession, sale, transport, and consumption of illicit substances, while simultaneously satisfying India's obligations under international drug control treaties (GoI, 1985).

The underlying architecture of the Act is heavily prohibitionist. It details an expansive matrix of offenses and associated penalties. Through subsequent legislative amendments, the state progressively tightened enforcement measures by introducing harsher penalties, expanding investigative powers, and creating a statutory presumption of a culpable mental state. While the Act distinguishes between "small," "commercial," and "intermediate" quantities to scale punishment, its core mechanism remains firmly tethered to deterrence through criminalization (Chauhan & Sharma, 2025). Because the statutory design prioritizes prosecution, health-centric provisions are left institutionally marginalized and structurally weak (Singh, 2023).

5.2 Statutory Provisions Relating to Treatment and Rehabilitation

Despite its enforcement-heavy nature, the NDPS Act does contain specific provisions that permit treatment-based diversions. However, these mechanisms are highly underutilized due to

structural flaws, procedural hurdles, and narrow judicial interpretation.

Section 39: Power of Court to Release Certain Offenders on Probation

Under Section 39, when any person is found guilty of an offense under Section 27 (consumption) or minor possession for personal use, the court may, if it thinks fit, choose to release the offender on probation, contingent upon them voluntarily undergoing medical treatment for de-addiction at a recognized institution (GoI, 1985). While this section introduces reformative justice principles into the statutory text, its application is entirely discretionary. Judges rarely invoke it due to a systemic lack of verified, state-approved rehabilitation infrastructures and a lack of formalized coordination between the judiciary and public health authorities (Singh, 2023).

Section 64A: Immunity from Prosecution for Addicts Seeking Help

Section 64A provides immunity from criminal prosecution to any individual charged under Section 27 or offenses involving small quantities of drugs, provided they voluntarily protect themselves by undergoing complete de-addiction treatment at a government-approved facility (Government of India, Department of Revenue [GoI-DoR], 2026). While progressive on paper, this section places a heavy procedural and evidentiary burden on the defendant. The immunity process is frequently contested by prosecution units, and because the legal system treats it as an exceptional defense rather than a standard diversionary pathway, its practical application within criminal courts remains exceedingly rare (Aggarwal, 2025).

Section 71: Power of Governments to Establish De-addiction Centres

Section 71 represents the primary statutory mechanism governing rehabilitation infrastructure. It empowers the Central and State Governments to establish, recognize, or approve centers for the identification, treatment, education, after-care, rehabilitation, and social reintegration of drug-dependent persons (Section 71, NDPS Act, 1985). It also allows the medical administration of controlled substances where clinically necessary for detoxification.

However, Section 71 is a purely enabling provision and contains critical structural vulnerabilities. It does not impose a mandatory obligation on governments to construct these centers, nor does it establish legally binding minimum standards for clinical infrastructure, psychiatric staffing, treatment protocols, patient rights protections, or external quality monitoring. The operational management of these centers is left entirely to administrative rules that the state "may" choose to frame. Consequently, India lacks a uniform, legally codified, and structurally consistent national rehabilitation system under the NDPS Act (Sahasrabuddhe & Purohit, 2025).

Issues in Judicial Interpretation and Implementation

The Indian judiciary has frequently highlighted the underutilization and operational failures of these rehabilitative clauses. In *Fardeen Feroz Khan v. Union of India* (2007), the Bombay High Court analyzed the procedural bounds of Section 64A but noted that the structural hurdles required to secure immunity often deter individuals from accessing it. Conversely, in *Sanjiv Bhatnagar v. State* (2016), the Madras High Court successfully utilized its discretion to divert an accused individual to a certified de-addiction facility, proving that court-mandated rehabilitation is viable when actively pursued.

More recently, state High Courts have had to intervene aggressively. The Punjab and Haryana High Court issued explicit directives ordering state governments to construct standardized Standard Operating Procedures (SOPs) for clinical detoxification and rehabilitative diversion in line with Sections 39 and 64A (*Hindustan Times News*, 2024). These ongoing judicial interventions demonstrate that while the statutory language exists, deep structural deficits, institutional inertia, and adversarial prosecution strategies continue to block the implementation of therapeutic justice.

5.3 Governmental Policies and De-addiction Programmes

To supplement the skeletal statutory provisions of the NDPS Act, the Government of India handles drug demand reduction through administrative policy frameworks managed by the Ministry of Social Justice and Empowerment. The primary policy tool is the National Action Plan for Drug Demand Reduction (NAPDDR), launched in 2018 (Ministry of Social

Justice and Empowerment [MoSJE], n.d.). The NAPDDR provides financial grants to non-governmental organizations (NGOs) to operate Integrated Rehabilitation Centres for Addicts (IRCAs), Outreach and Drop-In Centres (ODICs), and Community-Based Peer-Led Interventions (CPLIs) (GoI, MoSJE, 2024).

While these initiatives expand treatment access, they operate entirely as welfare schemes rather than integrated, legally binding statutory rights within the enforcement architecture of the NDPS Act.

5.4 Institutional and Regulatory Gaps in Rehabilitation: A Critical Examination

A critical review of India's current approach reveals severe institutional and regulatory vulnerabilities. First, the lack of an independent, dedicated rehabilitation law creates an regulatory vacuum. Because Sections 39, 64A, and 71 are enabling clauses rather than structural mandates, there are no legally enforceable standards governing treatment duration, psychological care protocols, patient safety, or post-release tracking mechanisms.

The real-world consequences of this regulatory gap are stark. Investigative reporting from Delhi in 2025 exposed abysmal conditions in numerous private de-addiction facilities, showing that many function as unregulated, forced containment spaces rather than therapeutic medical clinics (*The Times of India*, 2025). Furthermore, despite expansion under the NAPDDR, a massive treatment gap remains unaddressed. Data from the 2019 National Survey on the Extent of Substance Use in India reveals that only 25% of individuals suffering from severe substance use disorders receive any form of clinical intervention, leaving a treatment gap of 75% nationwide (Sahasrabuddhe & Purohit, 2025). Geographically, the crisis is severely uneven. Punjab faces an immense epidemiological burden with millions of recorded users, while states like Kerala have seen a 330% increase in drug-related offenses driven by synthetic drug inflows (Molanguri, 2025). This massive gap does not stem merely from poor administrative execution; it is an intrinsic design flaw of the NDPS Act, which frames rehabilitation as an optional administrative exception to punitive incarceration.

5.5 Challenges in Drug Rehabilitation

Rehabilitation facilities across India—both public and private—face immense operational challenges. These include chronic underfunding, a severe shortage of qualified multidisciplinary medical professionals (such as addiction psychiatrists, clinical psychologists, and certified counselors), severe facility overcrowding, and inadequate clinical infrastructure (Molanguri, 2025). Many unregulated private facilities prioritize financial profit over evidence-based medicine, utilizing unscientific and abusive protocols (NHRC, 2023).

Crucially, the NDPS Act completely fails to address the chronic, relapsing nature of substance use disorders. Existing programs focus almost exclusively on short-term physical detoxification (typically 21 to 30 days) while neglecting long-term psychiatric counseling, familial therapy, vocational skill building, or structured social reintegration. When patients inevitably relapse due to a lack of after-care support, the legal system and society treat them punitively (McLellan et al., 2000).

These structural failures perpetuate a cycle of criminalization. The pervasive fear of criminal arrest and social ostracization actively deters individuals from seeking early medical help, while weak regulation allows abusive operational practices to thrive within the recovery sector (Wogen & Restrepo, 2020). Additionally, federal disparities create an uneven "postcode lottery," where an individual's access to safe, effective, and rights-compliant rehabilitation is entirely dependent on their state of residence.

The historical tension between an enforcement-heavy criminal law and a weak, under-resourced therapeutic framework underscores the need for deep statutory reform.

6. COMPARATIVE PERSPECTIVES ON DRUG REHABILITATION

6.1 Global Approaches to Drug Rehabilitation

International drug policy is shifting rapidly away from punitive prohibition toward integrated public health frameworks. Nations like Portugal, Switzerland, and Canada have successfully restructured their legal regimes to treat personal substance use as a health issue rather than a criminal offense. The decriminalization approach in Portugal

has proven that moving away from punishment to health-based strategies improves access to treatment while reducing the harmful effects of drugs without increasing drug usage (Murkin, 2014). The Swiss heroin-assisted treatment program serves to show that supervised medical treatment of individuals with serious opiate addiction not only improves their health, but also helps decrease their use of illicit drugs and rehabilitates them in the long run (Uchtenhagen, 2010).

While these three countries utilize distinct legal, institutional, and cultural strategies, their policy frameworks share a common foundation: they recognize that resolving addiction requires addressing deep-seated medical, psychological, and social conditions rather than relying on punitive incarceration (Gonçalves et al., 2025).

6.2 Relevance of Comparative Approaches for India

Directly replicating European or North American drug models in India is challenging due to vast differences in population demographics, public healthcare capacity, socio-economic realities, and resource constraints. However, these international models offer vital structural lessons for Indian policy reform. Specifically, they demonstrate the value of actively embedding healthcare professionals into judicial diversion pathways, expanding accessible community-based treatment centers, removing legal stigma around personal drug dependence, and deploying evidence-based clinical protocols (Kour, 2025).

7. RETHINKING REHABILITATION UNDER THE NDPS FRAMEWORK

The changing nature of substance abuse in India requires a comprehensive reassessment of the rehabilitation model embedded within the NDPS Act. While aggressive law enforcement remains critical to dismantle organized trafficking networks, international smuggling routes, and large-scale commercial distribution, criminal sanctions alone cannot address the root causes of addiction. Given the rise of synthetic drugs, expanding adolescent vulnerability, and high relapse rates, India cannot achieve lasting reductions in drug demand without modernizing its rehabilitative infrastructure (Sahasrabuddhe & Purohit, 2025).

7.1 Rehabilitation beyond a Punitive Framework

Although rehabilitative tools exist within Sections 39, 64A, and 71 of the NDPS Act, the overarching architecture of the statute remains rooted in prohibition and punishment (Singh, 2023). This imbalance creates a direct conflict between legal enforcement and long-term medical recovery. Substance dependence is a multi-layered healthcare issue that cannot be resolved through punitive deterrence alone; effective long-term solutions require structurally separating enforcement from therapeutic care (Gopal, 2025).

7.2 Rehabilitation as a Public Health and Rights Concern

Modern drug policy must view rehabilitation through a combined public health and human rights lens. Individuals undergoing treatment retain their fundamental right to dignity, personal privacy, medical confidentiality, and humane care under Article 21 of the Constitution of India (Yadav & Asha, 2024). True rehabilitation must extend beyond basic physical detoxification to encompass long-term psychological stabilization, vocational training, familial counseling, and structured community reintegration (WHO & UNODC, 2020).

7.3 Towards a Balanced Drug Policy

The long-term efficacy of India's drug policy depends on its ability to distinguish clearly between predatory commercial traffickers and vulnerable consumers suffering from chronic dependencies. While the state must maintain strict enforcement and severe penalties against organized drug cartels, it must simultaneously provide individuals with substance dependencies safe, non-punitive pathways to treatment (Aggarwal, 2025). Integrating robust rehabilitative strategies into the justice system does not weaken drug control; rather, it strengthens it by addressing the underlying demand driving the illicit market.

7.4 Drug Rehabilitation as a Pathway to Viksit Bharat @2047

The national vision for *Viksit Bharat @2047* aims to transform India into a fully developed nation

characterized by equitable economic growth, advanced social infrastructure, and an elevated quality of life for all citizens. Achieving this vision depends heavily on protecting India's demographic dividend—its youth population, which forms the core of the country's future workforce.

Widespread substance abuse represents a direct threat to these developmental goals. Unaddressed drug dependence disrupts educational attainment, reduces labor productivity, strains familial structures, and increases rates of preventable criminality. Furthermore, it places an immense financial and operational burden on the public healthcare and social welfare systems.

A modernized, legally grounded rehabilitation framework can contribute significantly to *Viksit Bharat @2047* by rescuing vulnerable individuals from the illicit economy and empowering them to become productive, healthy participants in the national workforce. Upgrading de-addiction infrastructure, enforcing strict evidence-based clinical standards, providing vocational skill development, and actively reducing social stigma will transform recovery spaces into drivers of human resource development. This health-centric legal reform directly aligns constitutional protections of human dignity with national strategic interests in economic growth and public welfare.

8. RECOMMENDATIONS

(i) **Enact a Standalone Rehabilitation Statute:** Parliament should introduce dedicated legislation to govern drug de-addiction and rehabilitation centers, establishing legally binding minimum standards for clinical infrastructure, multidisciplinary staffing, evidence-based treatment, and the protection of patient rights.

(ii) **Establish Standardized Judicial Diversion Protocols:** The Ministry of Law and Justice, in coordination with the Ministry of Health and Family Welfare, should draft uniform Standard Operating Procedures (SOPs) to facilitate the practical application of Sections 39 and 64A of the NDPS Act, ensuring seamless diversion from courts to certified medical centers.

(iii) **Mandate Evidence-Based, Long-Term Care Models:** Move away from short-term detoxification toward comprehensive recovery programs that integrate clinical psychiatry, cognitive behavioral therapy, vocational training, and long-term after-care support.

(iv) **Strengthen Inter-Ministerial and Federal Coordination:** Build a formalized regulatory body uniting the Union and State governments alongside the Ministries of Home Affairs, Health, and Social Justice to harmonize funding allocations and eliminate geographic disparities in service quality.

(v) De-stigmatize Treatment Access via Rights-Based Legal Protections: Formally recognize substance use disorders as protected medical conditions under public health policies, ensuring strict patient confidentiality and voluntary admission frameworks that comply with Article 21 of the Constitution.

(vi) Maintain a Bifurcated Enforcement Strategy: Ensure aggressive prosecution and strict enforcement continue to target commercial-scale traffickers and organized distribution syndicates, while protecting demand-side drug users from punitive incarceration.

9. CONCLUSION

The Narcotic Drugs and Psychotropic Substances Act, 1985 remains a foundational tool for penalizing organized trafficking and regulating illicit narcotics in India. However, this study demonstrates that while the statute includes specific rehabilitative provisions, they remain structurally subordinated to a dominant prohibitionist framework. Legislative omissions, the absence of enforceable minimum standards, weak regulatory oversight, and massive regional funding disparities continue to undermine the domestic rehabilitation ecosystem. Concurrently, expanding constitutional jurisprudence and public health data demand that addiction treatment be explicitly grounded in human dignity, healthcare accessibility, and long-term community reintegration. Global comparative frameworks show that modern, effective drug policies integrate strict supply-side enforcement with compassionate, health-driven demand-side reduction strategies. While foreign models cannot be copied directly, they show that reducing substance dependence requires treating it

as a medical condition rather than a moral or criminal failing.

The future success of India's drug policy depends on its ability to maintain aggressive enforcement against commercial cartels while fundamentally restructuring its approach to personal dependency. Rehabilitation must be elevated from an optional administrative scheme to a core pillar of the legal and public health apparatus. By modernizing and strengthening Sections 39, 64A, and 71 through dedicated statutory regulation, and incorporating modern advancements like digital healthcare regulation, India can build a balanced, evidence-based drug control framework (Jain, 2023). Aligning the NDPS Act with constitutional protections and public health evidence is essential to safeguard the country's youth, foster social inclusion, and build a healthier, more productive nation for *Viksit Bharat @2047*.

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REFERENCE

Aggarwal, A. (2025). Rehabilitation vs punishment: Rethinking the NDPS Act for small quantity drug users. Law Audience Journal, 6(1). https://www.lawaudience.com/rehabilitation-vs-punishment-rethinking-the-ndps-act-for-small-quantity-drug-users/

Bewley-Taylor, D. R. (2013). Towards revision of the UN drug control conventions: Harnessing like-mindedness. International Journal of Drug Policy, 24(1), 60–68. https://doi.org/10.1016/j.drugpo.2012.09.001

Canadian Public Health Association. (2024). Framework for a public health approach to substance use: Policy statement. Canadian Public Health Association.

Castillo, A. (2023). The role of drug courts in California's criminal justice system. Alan Castillo – Attorney at Law Blog. https://www.oc-criminallawyer.com/blog/2023/august/the-role-of-drug-courts-in-californias-criminal-

Centre for Health Equity, Law & Policy. (2023). Judiciary–Executive interface re health (Prepared for the Governance Workstream of the Lancet Citizen's Commission on Reimagining India's Health System). ILS Law College, Pune. https://www.citizenshealth.in/wp-content/uploads/2023/02/FINAL-PAPER-2-Judiciary-Executive-Interface-re-Health.pdf

Chandler, R. K., Fletcher, B. W., & Volkow, N. D. (2009). Treating drug abuse and addiction in the criminal justice system: Improving public health and safety. JAMA, 301(2), 183–190. https://doi.org/10.1001/jama.2008.976

Chauhan, P., & Sharma, U. S. (2024). Socio-legal analysis of narcotic drugs and psychotropic substances in India. ShodhKosh: Journal of Visual and Performing Arts, 5(6), 2094–2100. https://doi.org/10.29121/shodhkosh.v5.i6.2024.5259

Chauhan, P., & Sharma, U. S. (2025). Narcotic Drugs and Psychotropic Substances in India: A socio-legal appraisal of enforcement, policy, and reform. Journal of Advances and Scholarly Researches in Allied Education, 22(4), 288–293. https://doi.org/10.29070/0kmepq73

Fardeen Feroz Khan v. Union of India, 2007 CRI LJ 1758; 2007(109) Bom LR 358 (Bombay High Court 2007). https://indiankanoon.org/doc/1389732/

Gonçalves, R., Lourenço, A., & Marreiros, H. (2025). Measuring drug policy evolution: A cross-country analysis. International Journal of Drug Policy, 138, Article 104750. https://doi.org/10.1016/j.drugpo.2025.104750

Gopal, S. (2025). Compassionate rehabilitation for drug users and strict action against traffickers: A legal analysis under the NDPS Act, 1985. International Journal of Law Management & Humanities, 8(3), 1548–1562. https://doi.org/10.10000/IJLMH.119842

Government of India. (1985). The Narcotic Drugs and Psychotropic Substances Act, 1985 (updated 3 January 2022). India Code. https://www.indiacode.nic.in/bitstream/123456789/18974/1/narcotic-drugs-and-psychotropic-substances-act-1985.pdf

Government of India, Department of Revenue. (2026). Special provision for addicts. Ministry of Finance. https://dor.gov.in/special-provision-addicts

Government of India, Ministry of Finance, Department of Revenue. (2025). Lok Sabha Unstarred Question No. 223 (Answered on Monday, February 03, 2025). https://sansad.in/getFile/loksabhaquestions/annex/184/AU223_Gq8wnM.pdf?source=pqals

Government of India, Ministry of Social Justice and Empowerment. (2024). Implementation framework of National Action Plan for Drug Demand Reduction (NAPDDR). Department of Social Justice and Empowerment. https://socialjustice.gov.in/writereaddata/UploadFile/Scheme%20for%20NAPDDR.pdf

Hindustan Times News. (2024, August 13). Set up SOP for addicts' detox, HC directs Punjab, Haryana, UT. Hindustan Times. https://www.hindustantimes.com/cities/chandigarh-news/set-up-sop-for-addicts-detox-hc-directs-punjab-haryana-ut-101723488852243.html

Jain, D. (2023). Regulation of digital healthcare in India: Ethical and legal challenges. Healthcare, 11(6), Article 911. https://doi.org/10.3390/healthcare11060911

Kamal, N. F., Shafie, A. A., Othman, K., Mokhtar, A. N., & Wahab, S. (2024). Drug and substance abuse among youth: Factors, effects and prevention methods. International Journal of Academic Research in Business and Social Sciences, 14(7). https://doi.org/10.6007/IJARBSS/v14-i7/21939

Kour, K. D. (2025, June 11–13). Decoding four decades of the NDPS Act: Achievements, challenges and the road ahead for drug policy in India [Paper presentation]. International Society for the Study of Drug Policy (ISSDP) Conference, Manchester Metropolitan University, UK. https://www.researchgate.net/publication/392723869_Decoding_Four_Decades_of_the_NDPS_Act_Acheivements_Challenges_and_the_Road_Ahead_for_Drug_Policy_in_India

Madill, A., Duara, R., Goswami, S., Graber, R., & Hugh-Jones, S. (2023). Pathways to recovery model of youth substance misuse in Assam, India. Health Expectations, 26(1), 318–328. https://doi.org/10.1111/hex.13658

Marlatt, G. A., & Witkiewitz, K. (2002). Harm reduction approaches to alcohol use: Health promotion, prevention, and treatment. Addictive Behaviors, 27(6), 867–886. https://doi.org/10.1016/S0306-4603(02)00299-0

McLellan, A. T., Lewis, D. C., O'Brien, C. P., & Kleber, H. D. (2000). Drug dependence, a chronic medical illness: Implications for treatment, insurance, and outcomes evaluation. JAMA, 284(13), 1689–1695. https://doi.org/10.1001/jama.284.13.1689

Ministry of Social Justice and Empowerment. (n.d.). National Action Plan for Drug Demand Reduction (NAPDDR). Government of India. https://socialjustice.gov.in/schemes/42

Molanguri, U. (2025). Deaddiction services in India: Current status. Indian Journal of Psychological Medicine, 47(1), 1–4. https://doi.org/10.1177/02537176241310929

Murkin, G. (2014). Drug decriminalisation in Portugal: Setting the record straight. Transform Drug Policy Foundation. https://www.unodc.org/documents/ungass2016/Contributions/Civil/Transform-Drug-Policy-Foundation/Drug-decriminalisation-in-Portugal.pdf

National Human Rights Commission. (2023, April NHRC notices to the Centre, States and UTs over the reported deaths of inmates due to torture in private drug de-addiction centres. National Human Rights Commission, India. https://nhrc.nic.in/media/press-release/nhrc-notices-to-the-centre-states-uts-over-the-reported-deaths-inmates-due-to-torture-in-private-drug-de-addiction-centres

National Institute of Social Defence. (n.d.). National Centre for Drug Abuse Prevention. Ministry of Social Justice and Empowerment, Government of India.

https://www.nisd.gov.in/drug_abuse_prevention.html

Sahasrabuddhe, A., & Purohit, N. (2025). Beyond regulation: Reimagining India's narcotic drugs and psychotropic substances policy with public health perspective. Indian Journal of Psychiatry, 67(5), 528–534. https://doi.org/10.4103/indianjpsychiatry.indianjpsychiatry_818_24

Sanjiv Bhatnagar v. State Represented by Its, Criminal Original Petition No. 1197 of 2016 (Madras High Court 2016). https://indiankanoon.org/doc/120854143/

Singh, D. (2023). Rethinking the NDPS Act: Rehabilitation or punishment? International Journal of Legal Studies and Social Sciences, 3(4), 248–252.

Standing Committee on Social Justice and Empowerment. (2023). Drug abuse among young persons – Problems and solutions (Fifty-First Report). Ministry of Social Justice and Empowerment, Government of India. https://narcoordindia.gov.in/narcoordindia/Resources/1693377979-1145-DOC-Fifty-First%20Report%20on%20%E2%80%98Drug%20Abuse%20among%20young%20persons%20%E2%80%93%20problems%20and%20solutions%E2%80%99%20of%20MoSJE.pdf

The Times of India. (2025, April 20). Rehab centres or re-addiction spaces? The Times of India. https://timesofindia.indiatimes.com/city/delhi/rehab-centres-or-re-addiction-spaces/articleshow/130315014.cms

Uchtenhagen, A. (2010). Heroin-assisted treatment in Switzerland: A case study in policy change. Addiction, 105(1), 29–37. https://doi.org/10.1111/j.1360-0443.2009.02741.x

United Nations Office on Drugs and Crime. (2025). World Drug Report 2025. United Nations. https://www.unodc.org/unodc/data-and-analysis/world-drug-report-2025.html

Volkow, N. D., & Blanco, C. (2023). Substance use disorders: A comprehensive update of classification, epidemiology, neurobiology, clinical aspects, treatment and prevention. World Psychiatry, 22(2), 203–229. https://doi.org/10.1002/wps.21073

Walsh, M. (2023). Brain changes with addiction. EBSCO Research Starters.

Wogen, J., & Restrepo, M. T. (2020). Human rights, stigma, and substance use. Health and Human Rights, 22(1), 51–60. https://pmc.ncbi.nlm.nih.gov/articles/PMC7348456/

World Health Organization & United Nations Office on Drugs and Crime. (2020). International standards for the treatment of drug use disorders: Revised edition incorporating results of field-testing. World Health Organization. https://www.who.int/publications/i/item/international-standards-for-the-treatment-of-drug-use-disorders

Yadav, A., & Asha. (2024). Rights to health and access to treatment of drug addicted patients in India. Journal of Drug and Alcohol Research, 13(1). https://doi.org/10.4303/JDAR/236280

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